



# Appendix K

## *Forms*

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### Introduction

This appendix contains blank forms that you can copy as needed. Remember to replace the forms in your binder for future reference.

## Telephone Interview Worksheet

### Section 1: Instructions

When someone calls wishing to donate a dog to the USDA Detector Dog Program, use this Telephone Interview Worksheet to assess the dog's general traits. Photocopy this worksheet and use it to record answers and take notes.

#### Beginning

1. Confirm that you are speaking to the owner or primary caregiver of the dog, since that person will know the most about the dog.
2. Let the owner know that you have a series of questions to ask that will help you learn a little more about the dog. You will need about 20 minutes of the owner's time.

#### During

1. Let the owner offer information about the dog; sometimes the owner will answer questions not yet asked.
2. Listen carefully while keeping the interview on track.
3. Do not prompt the answers; let the owner answer the questions.
4. Take notes during the telephone interview, especially if there is a time gap between the interview and the appointment to meet the dog.

#### End

Use the following table to determine how to end the telephone interview.

If the interview was:	Then:
Successful	Schedule an appointment to meet the dog in its home environment (This meeting will provide the evaluator a baseline of the dog's character. A dog may act bold and courageous in its own environment, but become fearful in a public place such as an airport.)
Unsuccessful	Thank the owner and explain why the dog is unacceptable

### Section 2: Questions

1. What is the dog's name? \_\_\_\_\_

HINT: Once you know the dog's name, use it throughout the interview. Remember that the caller is considering donating a member of the family.

2. Is **[Dog's Name]**:

A. Male ☐ Female ☐

B. Spayed or Neutered? Yes ☐ No ☐

3. How old is **[Dog's Name]**? \_\_\_\_\_ Years, and/or \_\_\_\_\_ Months



The dog **MUST** be between 9 months and 3 years old.

If the dog is outside of this range, **STOP THE INTERVIEW**. Thank the owner and explain why the dog is unacceptable.

4. Where did you get **[Dog's Name]**? \_\_\_\_\_
- A. At what age? \_\_\_\_\_

HINT: Knowing the dog's age when it was originally acquired will help determine the timing, quality, and quantity of its exposure to socializing factors.

5. Did you ever take **[Dog's Name]** on outings to a park or to obedience school? \_\_\_\_\_
- A. Yes, go to 5 C, then 5 D.
- B. No, go to 6.
- C. How old was **[Dog's Name]** when it went on these types of outings? \_\_\_\_\_
- D. How did **[Dog's Name]** behave during these types of outings?

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6. How often did you take **[Dog's Name]** to the veterinarian? \_\_\_\_\_

HINT: The answer will help determine if the dog was regularly vaccinated. Also, if the dog has only been exposed to veterinarian visits, it may not have good social skills.

7. Have you ever seen **[Dog's Name]** have a seizure, or are you aware of any history of seizures? \_\_\_\_\_

If the dog has had:	And there is:	Then:
A seizure	→	1. <b>STOP THE INTERVIEW</b> 2. Thank the owner and explain why the dog is unacceptable
No seizure	A history of seizures	
	No history of seizures	Continue to 8

8. Do you give **[Dog's Name]** heartworm preventive medicine year round? \_\_\_\_\_

If the dog:	Then:
Has been on preventive heartworm medicine year round	Continue to 9
Has <b>not</b> been on preventive heartworm medicine	<b>1. STOP THE INTERVIEW</b> 2. Ask the owner to take the dog to a veterinarian to have an occult heartworm test and to provide you with the test results before continuing the procurement process  <b>NOTE:</b> If there is financial hardship, this test can be conducted at the expense of the USDA, provided the rest of the interview is positive

9. To the best of your knowledge, does **[Dog's Name]** have any health problem? \_\_\_\_\_

If the dog:	Then:
Has no health problem	Continue to 10
Has a health problem	1. Ask the owner to explain the health problem 2. Ask if you could speak directly to the attending veterinarian 3. If the owner agrees, have the owner call the veterinarian in advance to give the doctor permission to speak with you 4. <b>STOP THE INTERVIEW</b> until you can consult with the veterinarian and the NDDTC

10. Do you allow **[Dog's Name]** to interact with guests at your home? \_\_\_\_\_

A. If yes, how does the dog react? \_\_\_\_\_

B. If no, why? \_\_\_\_\_

If the dog was:	And the dog's reaction was:	Because the dog is too:	Then:
Allowed to interact with guests	Pleasant, bold, or obnoxious	_____→	Continue to 11
	Frightened and/or submissive, urinates, or tucks its tail	_____→	<b>1. STOP THE INTERVIEW</b> 2. Thank the owner and explain why the dog is unacceptable
Not allowed to interact with guests	_____→	Bold or obnoxious towards guests	Continue to 11
		Frightened and/or shy, demonstrating behavior such as submissive urinating	<b>1. STOP THE INTERVIEW</b> 2. Thank the owner and explain why the dog is unacceptable

**11.** Do you have children or does **[Dog's Name]** interact with children often (at least once a week)? \_\_\_\_\_

**A.** If yes, how does the dog react? \_\_\_\_\_

**B.** If no, why? \_\_\_\_\_



If the answer to this or any other question of the interview sets off an alarm, note the alarm on this worksheet and consider it when initially screening the dog.

Note alarms and considerations for initial screening:

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If the children are:	And the dog demonstrated:	Then:
Twelve years old or younger	Fear or aggression	1. Note an alarm 2. Consider that this age group can (a) be inexperienced with dogs, and (b) have voices that are squeaky and tend to illicit play bite tendencies 3. Continue to 12
	Little to no fear or aggression	1. No alarm 2. Continue to 12
Teenagers	Fear or aggression	1. Note an alarm 2. Consider that (a) friends of teens can be interpreted as a stranger to a dog, and (b) sometimes teens observe fads that may cause a dog to exhibit a protective defense behavior in the home environment 3. Continue to 12
	Little to no fear or aggression	1. No alarm 2. Continue to 12
Young adults	→	1. No alarm 2. Consider as adults, not children 3. Continue to 12

**12.** What type of food do you feed **[Dog's Name]**? When you feed **[Dog's Name]**, does it eagerly gobble up the food or does it pick at the food?

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HINT: You are looking for a dog that gobbles its food until it is gone. A dog that picks at its food, although not a good sign, may do so for several reasons. Therefore, use the following table for all the variables to consider.



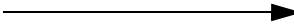
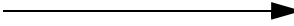
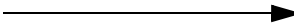
If the answer to this or any other question of the interview sets off an alarm, note the alarm on this worksheet and consider it when initially screening the dog.

Note alarms and consideration for initial screening:

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If the type of food is:	And the dog:	And the dog:	Then note that:
Dry	Gobbles the food		1. The dog has a strong food drive 2. Continue to 13
	Picks at the food	Eats around another animal that is dominant	1. The dog's food drive may be stifled 2. Note an alarm 3. Continue to 13
		Does not eat around another animal that is dominant	1. The dog is either over weight or has a weak food drive 2. Note an alarm 3. Continue to 13
Wet	Gobbles the food		1. The dog may not have a true, strong food drive 2. Note an alarm 3. Continue to 13
	Picks at the food	Eats around another animal that is dominant	1. The dog's food drive may be stifled 2. Note an alarm 3. Continue to 13
		Does not eat around another animal that is dominant	1. The dog is either over weight or has a weak food drive 2. Note an alarm 3. Continue to 13
Both dry and wet	Gobbles the food		1. The dog may not have a true, strong food drive 2. Note an alarm 3. Continue to 13
	Picks at the food	Eats around another animal that is dominant	1. The dog's food drive may be stifled 2. Note an alarm 3. Continue to 13
		Does not eat around another animal that is dominant	1. The dog is either over weight or has a weak food drive 2. Note an alarm 3. Continue to 13

**13.** Why are you considering donating **[Dog's Name]** to the USDA?

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HINT: This is a good, general question to end the interview. The answer may be enlightening.

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United States  
Department of  
Agriculture

Marketing and  
Regulatory  
Programs

Animal and  
Plant Health  
Inspection  
Service

Plant Protection  
and Quarantine



Subject: Limited Release Form and Sterilization Agreement

I \_\_\_\_\_ do hereby give permission to  
(Owner)

\_\_\_\_\_ of the U.S. Department of Agriculture  
(USDA Representative)

to take \_\_\_\_\_,  
(Name of Dog) (Breed of Dog)

off my property for the sole purpose of temperament testing and health screening. Health screening will be done at no cost to me, the dog's owner. It is my understanding that I am **not** relinquishing legal claim or ownership at this time. I understand that if the dog is **not** accepted into the USDA Detector Dog Program, the dog will be returned to me at my expense. However, if the dog is accepted into the Program, the USDA assumes the responsibility to have

\_\_\_\_\_ spayed or neutered. At that time, a final release  
(Name of Dog)

statement will be signed relinquishing my legal claim to the dog.

\_\_\_\_\_  
USDA Representative

\_\_\_\_\_  
Owner/Agent

\_\_\_\_\_  
PPQ Work Location

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Initial Screening Process Worksheet



The evaluator should conduct this initial screening with either the owner or shelter staff available in the event the dog becomes aggressive. If it does, **STOP THE EVALUATION**. Do **not** attempt to continue.

### Section 1: Instructions

Complete the following information:

Dog's Name: \_\_\_\_\_

Dog's Sex: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_

Evaluation Location: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

### Purpose

Determine if the dog initially meets the criteria as a potential candidate for the Agency's Detector Dog Program. The criteria are high food drive, sociability, ability to train, physical soundness, and low anxiety level.

### When to Conduct

Conduct the initial screening after completing the Telephone Interview Worksheet and before the temperament evaluation is conducted at an airport.

### Completed Each Evaluation Step

In Sections 2, 3, 4, and 6: choose either FAIL, AVERAGE, or EXCELLENT. In section 5: choose either NO or YES.



Important

If the dog fails any part of this initial screening, **STOP THE EVALUATION**.

Arrange for the return of the dog to its owner at the owner's expense.

### Section 2: High Food Drive

Goal: Since the reward (motivation) for detector dogs is food, food must be the dog's priority in life.

**1.** Feed dog treats (use a wide variety of treats). The dog:

Spits treats out; not interested

Fail

☐

Consistently takes treats

Average

☐

Gobbles treats; eagerly anticipates next treat

Excellent

☐

**2.** Show dog the treats; then:

**A.** Place treats up high

**B.** Place treats low

**C.** Hide treats underneath something. The dog:

Does not search for treats

Fail

☐

Searches with encouragement

Average

☐

Jumps, digs for treats

Excellent

☐



3. Feed dog treats and have a stranger (i.e., person unknown to dog) distract the dog (do **not** call dog by name). The dog:

Is distracted by stranger; ignores food	Fail	<input type="checkbox"/>
Hesitates between stranger and food	Average	<input type="checkbox"/>
Chooses food; ignores stranger	Excellent	<input type="checkbox"/>

### Section 3: Sociability

Goal: Detector dogs must demonstrate self-confidence around all types of people (i.e., different ages, races, sexes, persons with disabilities).


1. Greet the dog (initial greeting). The dog:

Does not approach; displays submissive urinating	Fail	<input type="checkbox"/>
Approaches hesitantly, but recovers upon interaction (3-5 seconds)	Average	<input type="checkbox"/>
Exhibits obvious friendly demeanor to all types of people	Excellent	<input type="checkbox"/>

2. Observe dog's reaction to environment (people, vehicles, noises). The dog:

Is afraid; doesn't immediately recover (3-5 seconds)	Fail	<input type="checkbox"/>
Rarely startles; recovers immediately	Average	<input type="checkbox"/>
Remains stable; comfortable in environment	Excellent	<input type="checkbox"/>

3. Observe dog's reaction to stranger in the following situation:

	Prepare to protect yourself. The following test is designed to determine a dog's aggressive or submissive tendencies.
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- A. Attach dog, with a 4 to 6 foot leash, to a fence
- B. Have stranger stand 20 to 30 feet from dog
- C. Tell stranger to make eye contact with dog while maintaining distance
- D. Have stranger act in an unusual manner (make loud noises, move from side-to-side, wave arms) and advance toward dog, but never closer than 10 feet from dog
- E. Tell stranger to stop acting in an unusual manner
- F. Indicate to the stranger to now act in a friendly manner (change expression in face, change tone in voice, and discontinue eye contact), move toward the dog while maintaining a 10 foot distance
- G. If it is obvious that the dog poses no threat, the stranger can approach and pet the dog (optional)

Retreats and/or shows any aggression toward stranger; urinates submissively	Fail	<input type="checkbox"/>
Startles; backs up a few steps during stranger's unusual manner, but when stranger acts friendly immediately wants to greet stranger	Average	<input type="checkbox"/>
Maintains friendly posture; does not startle	Excellent	<input type="checkbox"/>

4. Determine negative conditioning:

- A. Raise your hand back
- B. Quickly move your hand towards the dog's face, but do **not** actually strike dog. The dog:

Cowers and goes to ground, and/or displays submissive urinating	Fail	<input type="checkbox"/>
Blinks and/or squints, but maintains friendly posture	Average	<input type="checkbox"/>
Does <b>not</b> blink or squint; shows no signs of abuse	Excellent	<input type="checkbox"/>

## Section 4: Intelligence

Goal: The dog must be able to comprehend and complete repetitive tasks. Conduct two tests to determine the dog's aptitude for scent work.

1. Ask permission to release the dog in an enclosed/fenced area if the tests are being conducted at a shelter.
2. Take the dog to the area, preferably secured with some high grass.
3. Allow dog to relieve itself.

Test 1:

4. Show dog treats.
5. Put treats on ground (space around).
6. Unleash dog (prefer unleashing dog; but dog can remain leashed).
7. Tell dog to "Find It." Repeat the command 3 times.

Test 2:

8. Leash dog.
9. Cover dog's eyes with your hand or turn dog away from the direction where you will throw treats.
10. Throw treats in a random fashion into the wind so they land in high grass.
11. Unleash dog and observe tracking techniques.

Could not/did not find treats; more interested in other things	Fail	<input type="checkbox"/>
Located some treats	Average	<input type="checkbox"/>
Located most or all treats in short period of time; diligent in finding all treats	Excellent	<input type="checkbox"/>

## Section 5: Physical Soundness

1. Examine appearance of dog.
  - A. Look for overall symmetry.
  - B. Stand 5 feet from dog.
  - C. Look at dog from side to side.
  - D. Look at dog from front to rear.

Dog is well balanced	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>
Dog's front is in proportion to rear	No	<input type="checkbox"/>
	Yes	<input type="checkbox"/>

2. Examine dog's nails to determine general condition, with the exception of the dewclaws (abnormal wear on left or right side of either set of paws can denote a compensation for an abnormality).

A. Are some nails different lengths than other? If yes, go to D. No ☐  
Yes ☐

B. Are the nails on one front paw the same length as those on the other front paw? If no, go to D. No ☐  
Yes ☐

C. Are the nails on one rear paw the same length as those on the other rear paw? If no, go to D. No ☐  
Yes ☐

D. Indicate which paw(s) has abnormal wear on the nails.

Left front paw ☐                      Right front paw ☐  
Left rear paw ☐                      Right rear paw ☐

3. Examine dog's teeth to determine an approximate age.

A. Do teeth show excessive wear (i.e., very rounded tips, bottom incisors have observable pulps)? No ☐  
Yes ☐

B. Do gums appear to be receding? No ☐  
Yes ☐

If your answer to any of the above questions was:	Then:
Yes	1. <b>STOP THE EVALUATION</b> 2. Have veterinarian examine dog to verify dog's age during the health evaluation 3. If the dog is over 3 years old, it can <b>not</b> be accepted into program 4. Arrange for the return of the dog to its owner at the owner's expense
No	1. Do not contact veterinarian at this time 2. Continue initial screening

4. Look at dog's eyes for:

A. Excessive tearing (watering) of one or both eyes No ☐  
Yes ☐

B. Tumors on one or both eyes No ☐  
Yes ☐

C. Cataracts on eyes No ☐  
Yes ☐

D. Entropion (eyelids curve inward) on one or both eyes No ☐  
Yes ☐

E. Ectropion (eyelids are droopy) on one or both eyes No ☐  
Yes ☐

If your answer to any of the above questions was:	Then:
Yes	1. <b>STOP THE EVALUATION</b> 2. Consult with the NDDTC for assistance
No	Continue initial screening

## Section 6: Anxiety Level

Goal: Dog must be content in a crate or kennel.

1. Observe dog's level of anxiety while in crate or kennel.

- A. Place dog in crate or kennel.
- B. Offer dog treats.
- C. Leave the room for 3 to 5 minutes.
- D. Return to the room and offer dog treats again. The dog:

Exhibits extreme signs of stress, such as biting and salivating;  
will not take treats in crate/kennel, even if person is in room

Fail ☐

Whines, cries, but settles down; eats treat when offered

Average ☐

Settles down immediately, comfortable in crate/kennel;  
takes treat when offered (signs that dog has previously been  
crate trained)

Excellent ☐

**Contact the RCPC and the NDDTC for instructions to proceed.**

## Temperament Evaluation Worksheet



The temperament evaluation should be conducted at an airport by an RCPC or a designated Canine Officer.

Evaluator's Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_  
 Dog's Name: \_\_\_\_\_ Evaluation Location: \_\_\_\_\_  
 Alias: \_\_\_\_\_ Age: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Recommended Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

### Section 1: Reactions to Various Stimuli/Situations

Section 1 is divided into five parts (A-E). Rate the dog's reaction to each of the listed stimuli or situations under each part. Use a scale of 1 to 5 where the rating of 1 means poor and 5 means excellent. **Circle** the number that represents your rating. At the end of each part, **add** your ratings, **divide** the sum by the total number of items in that part to get a mean (average) rating, and **record** the mean rating in the space provided. If the sum of the mean ratings is 18 or above, then fax a copy of this worksheet the NDDTC and receive guidance whether to continue on to evaluating the dog's health.

#### Part A: Food Incentive

Food Incentive Stimuli or Situations	Poor	Fair	Average	Good	Excellent
Takes food from hand	1	2	3	4	5
Takes food from floor	1	2	3	4	5
Takes food from under baggage	1	2	3	4	5
Takes food up high	1	2	3	4	5
Takes food while on conveyor belt	1	2	3	4	5
Takes food on/around carousel	1	2	3	4	5
Takes food under stress	1	2	3	4	5
Other	1	2	3	4	5
<b>Food Incentive Mean Rating:</b> (Must achieve a mean rating of 4 or above)					

## Part B: Social

Social Stimuli or Situations	Poor	Fair	Average	Good	Excellent
Children	1	2	3	4	5
Adults	1	2	3	4	5
Small groups	1	2	3	4	5
One-on-one	1	2	3	4	5
Playfulness	1	2	3	4	5
Willingness to follow	1	2	3	4	5
Other	1	2	3	4	5

**Social Reaction Mean Rating:** (Must achieve a mean rating of 4 or above)

## Part C: Environmental

Environmental Stimuli or Situations	Poor	Fair	Average	Good	Excellent
Baggage carts	1	2	3	4	5
Baggage tugs	1	2	3	4	5
Baggage carousels	1	2	3	4	5
Doorways	1	2	3	4	5
Tight quarters	1	2	3	4	5
Strange/new areas	1	2	3	4	5
Verbal praise	1	2	3	4	5
Tactile stimuli	1	2	3	4	5
Auditory stimuli	1	2	3	4	5
Loud noises/voices	1	2	3	4	5
Strange dogs/cats	1	2	3	4	5
Containment/crate	1	2	3	4	5
Leash/slip collar	1	2	3	4	5
Sudden movements/hand	1	2	3	4	5
Manipulation of feet/tail	1	2	3	4	5
Umbrella	1	2	3	4	5
Falling baggage	1	2	3	4	5
Clip board drop	1	2	3	4	5
Other	1	2	3	4	5

**Environmental Reaction Mean Rating:** (Must achieve a mean rating of 4 or above)

## Part D: Footing

Footing Stimuli or Situations	Poor	Fair	Average	Good	Excellent
Moving conveyor belt	1	2	3	4	5
Stairs	1	2	3	4	5
Tile	1	2	3	4	5
Wire mesh	1	2	3	4	5
Other	1	2	3	4	5

**Footing Reaction Mean Rating:** (Must achieve a mean rating of 3 or above)

## Part E: Obstacles

Obstacles Stimuli or Situations	Poor	Fair	Average	Good	Excellent
Baggage	1	2	3	4	5
Trolleys/carts	1	2	3	4	5
Natural objects	1	2	3	4	5
Other	1	2	3	4	5

**Obstacles Reaction Mean Rating:** (Must achieve a mean rating of 3 or above)

## Section 2: General Impression

Rate your general impression of the dog for each item in Section 2. Use a scale of 1 to 5 where the rating of 1 means not at all and 5 means very great degree. **Circle** the number that represents your rating.

General Impression Items	Not At All	Very Little	Some Degree	Great Degree	Very Great Degree
Does the dog make eye contact?	1	2	3	4	5
Will/does the dog make body contact?	1	2	3	4	5
Is it apparent that the dog has had previous training?	1	2	3	4	5
Is it apparent that the dog has had negative conditioning?	1	2	3	4	5
Is the dog sensitive to pain?	1	2	3	4	5
Is the dog curious?	1	2	3	4	5
Is the dog nervous?	1	2	3	4	5
Will the dog fetch?	1	2	3	4	5
Does the dog startle?	1	2	3	4	5
Other	1	2	3	4	5

### Comments

Explain dog's recovery time. If the dog is startled, it should take no longer than 3-5 seconds to recover. Note if any technique was used to aid in the recovery process.

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**Contact the RCPC and the NDDTC for instructions to proceed.**



## Health Evaluation Protocol Worksheet



The health evaluation must be conducted in the sequence presented on this worksheet by an accredited and licensed veterinarian. Usually, the RCPC accompanies the dog to the veterinarian's office for the health evaluation.

The dog may be eliminated at any point during the health screening process if the results indicate abnormalities.

Dog's Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ Evaluation Location: \_\_\_\_\_

### Section 1: General Exam

After the general exam is completed, have the veterinarian initial the statement that the findings are within normal limits. Contact the NDDTC before proceeding to Section 2.

Ears/Skin: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Heart/Lungs: \_\_\_\_\_

Coat Condition: \_\_\_\_\_ Teeth: \_\_\_\_\_

Any coughing? \_\_\_\_\_

Any noticeable abnormalities? \_\_\_\_\_

Is the dog spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_ Results are within normal limits \_\_\_\_\_

### Section 2: Heartworm Test (Occult)

Request that the veterinarian perform an occult heartworm test. If the results are within normal limits, have the veterinarian initial the statement below. Contact the NDDTC before proceeding to Section 3.

Date Done: \_\_\_\_\_ Results are within normal limits \_\_\_\_\_

### Section 3: Blood Test

Request that the veterinarian perform pre-surgical blood work or a blood test that includes the values listed. If the results are within normal limits, have the veterinarian initial the statement below. Contact the NDDTC before proceeding to Section 4.

Kidney values: \_\_\_\_\_ Liver values: \_\_\_\_\_

Creatinine: \_\_\_\_\_ Blood urea nitrogen (BUN): \_\_\_\_\_

Complete blood count (CBC): \_\_\_\_\_ Alanine transferase (ALT): \_\_\_\_\_

Total Protein: \_\_\_\_\_ Glucose: \_\_\_\_\_

Results are within normal limits \_\_\_\_\_

## Section 4: X- Rays

Request that the veterinarian perform ventro-dorsal x-ray of the hips and lateral x-ray of the spine. Have the veterinarian agree to and sign the Statement by Veterinarian. If the results are within normal limits, have the veterinarian initial the statement below. Contact the NDDTC before proceeding to Section 5.



X-rays must be taken in accordance with positioning guidelines set out by American Veterinary Medicine Association (AVMA).

The dog will have to be anesthetized to perform the x-rays.

Ensure that x-rays are clearly marked LEFT or RIGHT.

Send the x-rays to the NDDTC for final approval.

Ventro-dorsal pelvic x-ray:

Date done: \_\_\_\_\_

Results are within normal limits \_\_\_\_\_

Lateral thoracic-lumbar junction spinal x-ray:

Date done: \_\_\_\_\_

Results are within normal limits \_\_\_\_\_

### Statement by Veterinarian

I consent to retake the x-rays at my own expense if they do not meet the standards set forth by the National Detector Dog Training Center.

Examining Veterinarian:

\_\_\_\_\_

If you have questions regarding this, please contact the National Detector Dog Training Center (407-816-1221) for clarification.

## Section 5: Eating Habits

Request that the veterinarian perform an evaluation of the dog's eating habits to determine if there is evidence of kennel stress. Ask the veterinarian to initial the statement below. If the dog is enthusiastic about food, proceed to Section 6.

1. Was the food consumed:

A. Quickly \_\_\_\_\_

B. Slowly \_\_\_\_\_

2. Was any food left over?

A. Yes \_\_\_\_\_

B. No \_\_\_\_\_

Dog does not appear to show stress beyond normal, acceptable limits \_\_\_\_\_  
(Initials)

## Section 6: Vaccination

If the overall results of the health evaluation are within normal limits, have the veterinarian administer the following vaccines or record the date when they were given:

Vaccinations	Date Given
Rabies (one-year vaccine) Serial Number: _____ Producer: _____ K or MLV: _____	_____
DHLPP (distemper, hepatitis, leptospirosis, parainfluenza, parvo virus)	_____
Corona	_____
Bordetella (intra nasal)	_____
Fecal exam (internal parasites)	_____

**NOTICE**

The NDDTC does not require a urinalysis or the Lyme disease vaccine; therefore, do not request these.

**Contact the RCPC and the NDDTC for instructions to proceed.**

**United States  
Department of  
Agriculture**

Marketing and  
Regulatory  
Programs

Animal and  
Plant Health  
Inspection  
Service

Plant Protection  
and Quarantine



Subject: Final Release Form

I \_\_\_\_\_ do hereby relinquish any legal claim and/or  
(Owner)

ownership that I have for

\_\_\_\_\_  
(Name of Dog)

\_\_\_\_\_  
(Breed of Dog)

by donation/sale to the U.S. Department of Agriculture for use as a Working  
Detector Dog. I furthermore understand that this dog will be adopted by the  
public through U.S. Government procedures upon the retirement of the dog  
from active duty.

Owner's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

I \_\_\_\_\_ request that I be given first right of  
refusal to the above mentioned dog in the event that it does not pass the  
training program. I understand I will be responsible for all expenses associated  
with the dog's return to my possession.

Owner/Agent

Date: \_\_\_\_\_

## Airline Flight Tracking Worksheet



Do not ship dogs on weekends or holidays without pre-approval from the NDDTC.

Do not use Acepromazine on any dog being shipped to the NDDTC.

Bathe the dog before shipping.

- ☐ Arriving at NDDTC from \_\_\_\_\_  
(City)
- ☐ Departing the NDDTC for \_\_\_\_\_  
(City)

### Section 1: Detector Dog Information

1. Name: \_\_\_\_\_
2. Temperature: \_\_\_\_\_
3. Date and time: \_\_\_\_\_
4. Contact person: \_\_\_\_\_
  - A. Telephone: \_\_\_\_\_
  - B. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 2: Departure Information

1. Date and time: \_\_\_\_\_
2. Drop-off time: \_\_\_\_\_
3. Airline: \_\_\_\_\_
4. Telephone: \_\_\_\_\_
5. Cargo: \_\_\_\_\_ Priority Parcel: \_\_\_\_\_
6. Flight number: \_\_\_\_\_
7. First connecting city: \_\_\_\_\_
  - A. Connecting time: \_\_\_\_\_
  - B. Connecting flight number: \_\_\_\_\_

### Section 3: Destination Information

1. City of final destination: \_\_\_\_\_
2. Time: \_\_\_\_\_

## Tracking Record and Feedback Worksheet

### Section 1: Instructions

If you wish to monitor the status of the dog's evaluation and training at the NDDTC, fill out Section 2 of this worksheet and attach it to the Temperament Evaluation Worksheet.

### Section 2: Canine Officer

To be completed by the Canine Officer who initially evaluated the dog.

Canine Officer/Team: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dog's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted from (shelter, private, etc.): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address of shelter, private donator, etc.:

\_\_\_\_\_

\_\_\_\_\_

Do not write below this line. Section 3 is to be completed by the NDDTC staff.

### Section 3: NDDTC Staff

To be completed by the NDDTC Staff.

#### 1. Medicals

A. Reviewed by: \_\_\_\_\_

B. Date reviewed: \_\_\_\_\_

C. Approved or disapproved: \_\_\_\_\_

## 2. Second Temperament Test Results

**A. Passed.**

**B. Failed.** If the dog failed the second temperament test, list specific reasons below.

### 3. Protocol Training Results

**A.** Passed.

**B. Failed.** If the dog failed protocol training, list specific reasons below.

#### 4. Dog Placement

**A.** Dog's name: \_\_\_\_\_

**B. Alias:** \_\_\_\_\_

**C. Assigned to:** \_\_\_\_\_

**D. Location:**\_\_\_\_\_

**E. Date:** \_\_\_\_\_

### Reasons Candidate Dog Failed NDDTC Evaluation or Training

[illegible]

# AGRICULTURAL DETECTOR DOG TRAINING RECORD

[illegible]

REMARKS



## Request to Procure Canines

I, \_\_\_\_\_, request that I be considered  
(Print your name)  
to procure canines for the Detector Dog Program.

I comply with the following:

- 1) I have at least 3 years experience as a Canine Officer.
- 2) I have maintained an 80% or better proficiency level with my canine.
- 3) I have maintained a fully successful evaluation as a Canine Officer.
- 4) I have been given the permission to procure canines when time allows by my Port Director and Supervisor.

I understand that procurement training does not guarantee that I will be placed on the procurement list and if placed on the list, I may be removed at anytime if the procurement guidelines and procedures are not followed properly. I also understand that I must pass annual validation, if given.

\_\_\_\_\_  
(Signature of Canine Officer) (Date)

\_\_\_\_\_  
I undersign this to believe this to be true to the best of my knowledge.

Port Director \_\_\_\_\_ Supervisor \_\_\_\_\_  
(Print name) (Print name)

\_\_\_\_\_  
(Signature and date) (Signature and date)

\* The original signed and completed copy goes to your assigned RCPC.

Statistical Summary - Cargo and Border Canine Operations

Month:

Port:

Team:

Date	Warehouse Dry Goods	Warehouse Refrigerated	Containers Refrigerated	Containers Dry Goods	Rail Containers	Pit Bags Ramp	Couriers Packages	Mail Packages	Private Vehicles	Commercial Vehicles	Buses	Pax Screened	Total Response	Positive Response	Response w/seizure	QMIs Plant	QMIs Animal	Animal Wgt (kg)	Violation	Penalty \$	Remarks
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
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31																					

Days work	Warehouse Dry Goods	Warehouse Refrigerated	Containers Refrigerated	Containers Dry Goods	Rail Containers	Pit Bags Ramp	Couriers Packages	Mail Packages	Private Vehicles	Commercial Vehicles	Buses	Pax Screened	Total Response	Positive Response	Response w/seizure	QMIs Plant	QMIs Animal	Animal Wgt (kg)	Violation	Penalty \$
Proficiency												Seizure Rate								